






Medicare Partnerships in Action

	Audio	Visual
1.	<p>Opening: Introductory music.</p> <p>Stan Stovall, Host: Hello Everybody. I'm Stan Stovall. Welcome to your Centers for Medicare & Medicaid Services and Volume 1, Issue 3 of "Medicare Covers America."</p> <p>"Medicare Covers America" is a video magazine, produced for communities who care about people with Medicare. Every other month we join you from the Centers for Medicare & Medicaid Services to talk about a different part of our plan to improve and modernize Medicare. While each issue will have a different cover story, every issue will really be about the same things: helping you stay healthy, save you money, and help others.</p> <p>Today, in addition to celebrating Medicare's 40th birthday, we want to introduce you to just a few of the partners who will be working with us to help people with Medicare get a prescription drug plan that's right for them. First, we'll meet just a few of the helpful Medicare experts who are waiting to provide personalized counseling to anyone with Medicare. Now, these are the people who can help you find and join Medicare prescription drug plans that meet your needs.</p> <p>And then we'll travel to Annapolis, Maryland and hear Medicare Administrator, Dr. Mark McClellan, tell our partners how we can all work together, at the community level, to make Medicare a prevention-oriented, personalized partnership that meets the diverse needs of our very diverse Medicare population.</p> <p>We will also meet with Social Security Administration's lead on the effort to help people with limited incomes and resources get extra help with prescription drug costs. And finally, we'll visit the Washington headquarters of one of Medicare's oldest friends, the AARP.</p> <p>CEO Bill Novelli will fill you in on why it's worth your while to apply for extra help with prescription drug costs. And why, whether or not you qualify for the extra help, Medicare prescription drug coverage is a deal that's too good to pass up for millions of people with Medicare.</p>	    

Today, we also begin a series of Medicare partner profiles that will introduce you to some of the organizations who will be helping Medicare help you.

Today's cover story is Medicare partnerships in action. In this issue, we will look at the hundreds of groups who partner with Medicare at the national and community level and the tens of thousands of Medicare experts who are ready to answer your questions about Medicare prescription drug coverage.

Before we meet some of our partners, we need to visit the fact file for a quick look at the State Health Insurance Assistance Program or SHIP.

Fact File:

SHIP is a national program that offers personalized counseling and assistance to people with Medicare and their families. Through Federal grants directed to states, local SHIPS provide these helpful services, free of charge, over the telephone and face-to-face.

Your SHIP also provides interactive sessions, public education presentations, programs, and media activities.

So, what does personalized counseling mean? Well, it means Medicare experts you talk to understand people as well as they understand Medicare. It means the person you speak with realizes you don't want a lecture on Medicare; you want the facts that apply to you. It means, most of all, your counselor is a great listener.

If you want to know more about the SHIP program in your state, or you want to contact a SHIP counselor in your area, you can call 1-800-MEDICARE or visit WWW.MEDICARE.GOV on the web. Or, this October, you can check the back cover of your copy of "Medicare & You, 2006."



2. **Stovall:**
The first stop on your tour of Medicare partners is Santa Fe, New Mexico. Now, New Mexico has over a quarter million people with Medicare, America's largest proportion of Spanish speakers, and one of the nation's largest American Indian populations, and that translates to lots of challenges for the New Mexico SHIP. But Buffie Saavedra is a partner who knows how to turn challenges into opportunities.

Buffie Saavedra:

My name is Buffie Saavedra and I'm the SHIP and Senior Medicare Patrol Project Director for the state of New Mexico. I've been working in the health care arena and specifically as the SHIP and SNP Director for approximately four years, and the health care arena including prescription drug for about ten years. Public services type of work that my family is very involved in New Mexico. My father is the Chairman of the House Appropriations and Finance Committee for our state legislature and has been in the legislature for 30 years, and all of his children, including me, have been public servants.

We have 19 Pueblos, two Apache tribes, and part of the Navajo nation in New Mexico. To get from one end of New Mexico to the other, it's about ten hours of driving, from tip to tip, from side to side, and we have minorities in all levels, whether they're low-income, low literacy, Native American-speaking, and Hispanic.

The partners that the New Mexico SHIP works with include VISTA volunteers, AARP, the Independent Living Resource Center, and ARC OF New Mexico. We work very closely with our Aging and Disability Resource Center, as well as working with other entities like New Mexico ACORN and entities like that, that go into the communities.

It's of great concern to the New Mexico SHIP to get people educated, to let them know they need to make a decision. They need to choose a Medicare Prescription Drug Program. We're going to do our outreach and education with the support of our senior volunteers that we've recruited to help us statewide. We'll have one volunteer at least, if not more, at every senior center, with designated dates and times to assist people.



Martin Shaye:

My name is Martin Shaye. I have been very active in AARP for the last ten years.

Woman:

Speaking Spanish.

Woman:

I'm a parish nurse also, and I combine the information from both of the positions to help benefit the seniors that are in my congregation.

Artura Estrada:

My name is Artura Estrada. I'm with the department here called the Office of Indian Navajo Affairs.

Shelby Hildish:

My name is Shelby Hildish and I became a volunteer because I saw the need for it. I have had a personal need in my own life. I had nursed my husband for some 15 years, and I thought, well, I don't want to ever see any more doctors and nurses. And then I thought about it and I thought I've learned a little bit in the course of looking after him, and maybe there are other people who need help.

Saavedra:

Our partners are out bread and butter, and our volunteers are the livelihood of the program. Without them, we don't have the resources to reach everyone we need to reach.



3. **Stovall:**
From May 21st through May 24th, Medicare's SHIP partners met in Annapolis, Maryland for the 11th annual SHIP Directors' Conference. The conference headliner was Medicare Administrator Dr. Mark McClellan, who rallied the troops around a bottom line result of better health and health care for everyone with Medicare.

Dr. Mark McClellan:

Together, the SHIPs now make up a wonderful community-based network of programs to provide the information, counseling, and assistance that people with Medicare so often need. For millions of seniors, local SHIP counselors are the face of Medicare, and we thank you for representing us so well.

In these coming months, we have some essential and critical work to do. From the standpoint of assisting beneficiaries, these months will be the most important ones in the history of Medicare, the most important in terms of turning Medicare from a program that helps our beneficiaries pay the bills when they get sick and have complications from their chronic illnesses into a program that is a partner helping them take advantage of the best prevention-oriented treatment that modern medicine has to offer, but until now, that Medicare has not covered. That includes screening tests, it includes programs to help people with chronic diseases and with frailty get better continuity of care and more support in preventing disease complications, and, of course, it includes prescription drugs. These are the most important months in the history of Medicare in terms of giving seniors real help with the costs of their medications.

Nowhere is the need for this approach clearer than with the new Medicare drug coverage that will soon be available, as you all know, to all people with Medicare.

There are some basic facts about this coverage that everybody with Medicare needs to know. Most importantly, everyone can choose to get help from a new voluntary drug benefit regardless of their income or how they get their drugs today. When the Medicare drug coverage begins in 2006, people with Medicare will have a choice about how to



get their drug assistance. Individuals will be able to pick a plan that's right for them. That's the stronger and more sophisticated partnership that I've been talking about. We need to listen to the beneficiaries and empower them to get the coverage that they most prefer, not that we dictate. Regardless of how people get their drugs, the drug coverage helps people pay for their prescriptions through the drug plans negotiating for the lowest possible drug costs.

And, of course, all Medicare prescription drug plans will cover both brand-name and generic drugs, and are required to offer access to those drugs at local neighborhood pharmacies.


Enrollment in the Medicare prescription drug coverage begins on November 15th. The first open enrollment period runs through May 15, 2006. It's important to emphasize that people will pay less if they enroll on time, because this is insurance. It's just like homeowners insurance or life insurance, you pay more if you wait to buy it.




One more basic fact is that people with limited means will get extra help. Very comprehensive help with their drug costs. In addition to the basic drug subsidy, worth close to \$1,000, plus the valuable protection from very high out-of-pocket expenditures for drugs that's available to everyone who enrolls in the Medicare benefit, people eligible for the extra help will have access to comprehensive coverage with no or limited premiums and deductibles, and low or nominal cost sharing.



This is truly comprehensive help for people with Medicare who are struggling between paying for their drugs and paying for other basic necessities. We're making applications available through many pharmacies, both independent pharmacies and chains, and many other groups that are working with us, and we hope that you'll help people enroll.



They can also enroll online through a Social Security web site beginning in July. There's a toll-free number that can be used as well. Now, and even if people can only do part of the application, that's OK. Send that part in. We'll follow up and help you with the rest. The main thing is, if you think you're eligible, get this application filled out. We will get you






	<p>into comprehensive drug coverage next year.</p> <p>We are humbled at CMS by this mission and we know that we need to leverage all of our resources, expand our partnerships, and most importantly, strengthen our commitment and support to our longest-standing and most critical partner of all, and that's all of you. Together, we want to remain laser-focused on our joint mission and data-driven in our execution, so that we can meet the challenge of educating and enrolling the people with Medicare in this new benefit to ensure greater access to prescription drugs, to reach a reorientation of Medicare toward prevention and personalized care, and to reach the bottom line result of much better health care and health of all people with Medicare. Thank you!</p> <p>[APPLAUSE]</p>	
4.	<p>Stovall: AOA is part of a federal, state, tribal and local partnership called the National Network on Aging. The organizations within the network are central partners with the Centers for Medicare & Medicaid Services and the Social Security Administration to help people with Medicare to move from awareness to enrollment in the new Medicare drug coverage. While all older Americans may receive services, the AOA targets those older individuals who are in greatest economic and social need.</p> <p>AOA's goal is to make sure that all older Americans and their families have the information and assistance they need to make informed decisions about their life choices now and in the future.</p> <p>The AOA supports the Eldercare Locator. That's a national toll-free service to help callers find services and resources in their own communities or throughout the country.</p>	

5.	<p>Stovall: Do you remember where you were on May 27th? Our next guest does. On May 27th, she was watching the Postal Service trucks speed away from SSA's Woodlawn, Maryland Headquarters. Those trucks were filled with millions of letters to people with Medicare, people who may qualify for extra help with prescription drug costs. She's Bea Disman, Social Security's Regional Commissioner for the New York region and the SSA lead on extra help with prescription drug costs.</p> <p>Bea Disman: Let's talk about what we're trying to do with the extra help. Imagine on December 24, five Americans wake up and say, "I want this extra help, and I want you, Social Security, to process it for a drug benefit that starts in January '06." Impossible.</p> <p>Beginning May 27, we are starting the targeted mailing to those that are potentially eligible. We have to get this message to this population, and make sure that they file now. None of us can do this alone. It is real, real important for us to work together to deliver the message to the community, cause when you look at this extra help, and you look for the population we're trying to reach, for that population, this makes such a difference in their lives, and in the lives of Americans that we collectively know that by helping, we're doing something very important. Collectively, we will do it.</p> <p>[APPLAUSE]</p>	 
6.	<p>Stovall: Now, here are some dates that matter for people with Medicare.</p> <p>October 1. This is the date Medicare begins mailing millions of copies of copies of "Medicare & You, 2006." This year, "Medicare & You" will list all the Medicare prescription drug plans available in your area. And then, later in October, you can get comparative information at WWW.MEDICARE.GOV on the web.</p> <p>November 15. This is the earliest date that you can join a Medicare prescription drug plan. If you join by December 31, your coverage will begin January 1, 2006.</p>	

	<p>May 15, 2006. This is the deadline for joining a Medicare prescription drug plan in 2006. If you join before that date, you'll pay lower premiums than if you wait until 2007.</p>	
7.	<p>Stovall: Earlier, we met some of the people who make Medicare's State Health Insurance Assistance Program work. We're very lucky to get a few minutes to follow up on what happened as the SHIP directors and millions of Social Security Administration's letters arrived at home at the same time.</p> <p>A. Cassaundra Brown is a health insurance specialist with the Maryland Department on Aging. Her job is to work with area agencies on aging and the Maryland SHIP. And, from far, far away, from Anchorage Alaska, we are joined by Alaska SHIP director Essien Ukoidemabia.</p> <p>Cassaundra, let me start with you, first of all. What are you hearing from your volunteers and partners about the response from the mailings?</p> <p>A. Cassaundra Brown: Well, the first thing we've noticed is that there has been an increased questions about prescription assistance and what does the new Medicare Modernization Act mean in terms of them being able to get their prescriptions, so our increased calls are definitely showing in the area.</p> <p>Stovall: OK. Essien, are you getting the same on your end?</p> <p>Essien Ukoidemabia: Yes, we are. Ever since May, when Social Security sent out the applications for the help of Medicare prescription drug plan costs, our phones have been ringing off the hook. Our volunteers are calling us because their local seniors are calling them, and our representatives are sending our seniors directly to us to get the correct information on this form.</p>	 

	<p>Stovall: Cassaundra, certainly, probably not the expansive area to cover, like Essien and her area, but with an urban setting, you do have a lot of people to cover, so how are you getting the word out and how are you making those rounds here? Same kind of strategy?</p> <p>Brown: Similar, yes. We have the presentations that we're doing statewide, but in the urban areas, we have to overcome the tall buildings and winding stairs and the seniors that don't come out, and we're figuring out how to reach them, and so through our triple A's, the Area Offices on Aging, we reach them through volunteers, also, and we talk with them at the senior centers and eating together programs.</p> <p>We're using medical groups, also, and also at the nursing home facilities, and we, too, have a diverse population. In Baltimore city, for example, you have a large Korean population. We have a large Russian population, and we've done a lot in preparation by getting materials to them in their language. We've used a lot of CMS publications and directed them to web sites where their community leaders can go to get materials that are in their language.</p> <p>Stovall: All right. Essien, thank you very much, and Cassaundra, thank you very much, and we'll be back in touch with both Cassaundra and Essien and more of our local partners as we continue the countdown to Medicare prescription drug coverage.</p>	
8.	<p>James Firman: NCOA and the Access to Benefits Coalition are committed to finding seniors and people with disabilities to make sure they understand the new benefits that are available to them to help them sign up. We believe this is a great opportunity to solve the prescription drug dilemmas of millions of older Americans.</p> <p>The Access to Benefits Coalition has 57 coalitions across the country, of thousands of groups working to find and assist seniors and people with disabilities.</p>	

	<p>Community-base organizations are a critical element of the outreach and education effort. We know from experience that seniors and people with disabilities often need one-on-one assistance from trusted intermediaries. Every time we find a person and sign them up, we can make a dramatic difference in the quality of their lives. We are calling for volunteers from all over the country to get involved in local efforts to find and enroll seniors and people with disabilities in these important benefits.</p>	
9.	<p>Stovall: Even before there was Medicare, there was AARP, with over 35 million members, AARP is the leading nonprofit, nonpartisan membership organization for people age 50 and over in the United States. The group is known for providing host of services to this ever-growing segment of the population.</p> <p>This week, Medicare made a house call to AARP headquarters to learn about the help it provides to people with questions about Medicare prescription drug coverage and why AARP thinks this coverage is too good a deal to pass up.</p> <p>McClellan: Bill, it's a pleasure to be talking with you. Now, the Medicare drug coverage includes a subsidized premium. It includes some help with drug costs after a deductible. It includes extra help for people who have high drug costs. About three out of four people who are on Medicare expected to save amounts of money from the coverage.</p> <p>How do you summarize this benefit for somebody who isn't sure about it, isn't sure whether it's worthwhile to find out about it, isn't sure whether it's worthwhile to sign up?</p> <p>William Novelli: We worked very hard for this bill because we believe that it's going to help a lot of people. It's pretty obvious that if you're a low-income person, or you have high drug costs, this is the law for you. This is a great opportunity. It's going to help millions and millions of people.</p> <p>It's the people in between where we're going to have to do some education, where we're going to have to basically say to people, think of this as insurance. You may not have high</p>	  

drug costs right now, but two or three years from now, you might, and so you should join this program.

So I think that's one of the challenges, but the other big challenge, as you know so well, is really reaching out to low-income people and not just making them understand the advantage of it but getting them enrolled in it.

McClellan:

Well, let's talk about that. The Medicare drug coverage does include extra help for people with limited incomes, and they have been getting letters in the mail from Social Security telling them about the new extra help, and including an application that they can send back in. It's prepaid to apply for it. Any advice for them?

Novelli:

No, I think those letters were a big help and a good start. What we need to do though, is really build on that. And the most important thing, I think, is face-to-face contact, so we're going to be doing an awful lot of that.

McClellan:

Now, for these people of limited means, if you put this altogether, what are we trying to get across to them with the basic benefit, with the extra help? What does this mean for them? What are we trying to get across with these?

Novelli:

Well, they already know how important prescription drugs are, and they already know that they're having a terrible time trying to pay for them, and, you know, we both hear these stories about should people pay their rent or should they take their drugs, people skipping doses, people not filling prescriptions, so the basic information about the importance this is there, and what we have to do is build on top of that and tell them, "There is help for you here, and here's how to enroll, here's how to fill out these forms."

And one of the good things, I think, is that you've got a way set up so that even if they don't fill out the complete form, if they send in a partial form, they'll be helped to fill it out, and I think that's very important.



McClellan:

That's right. As we've talked about, there are different features of this benefit for different kinds of people. We've talked about the basic Medicare benefit. We've talked about the extra help for people with limited income.

There also is assistance for people who are getting good retiree coverage now, so they can get new help from Medicare to keep that coverage. When you're talking with people about the benefit, and there are all these different features, how do you make the information as personalized as possible? How do you keep this from turning into just a litany of facts about Medicare coverage that may not be relevant?

Novelli:

It's not easy, not easy. That is, I think we have to do what in marketing terms we might call, I hate to use this word but, "segmentation," and what we've got to basically say is there are different kinds of people out there, and even though this bill is going to help, this law is going to help many of them, we have to put it in their context, in terms of what they need and where they are.

We have a lot of educational work to do, and I think working together and with everybody else that's involved in this, we've just got to get out there and do it.

McClellan:

One of the other issues that keep coming up is how we can communicate as effectively as possible about Medicare. Now, you're somebody who's known as a pioneer, and I'm going to read right off of here.

[Reading]

"A pioneer in applying modern communication techniques to educate the public." And that's something that you've been doing at AARP extensively over the last few years.

Thinking about this from a Medicare perspective, how do we turn another household name, Medicare, into a program that can take advantage of these same kinds of effective and powerful communication techniques so that our people with Medicare and, in fact, everybody in the country, since so many of them care about people with Medicare, can take advantage of these new programs?



Novelli:

Well, first of all, Medicare is a great name. I mean, people depend on it. People who are in their fifties who have older parents. There's no question that people really appreciate Medicare. What they don't know is exactly how this new law is going to work. So I would say three things.

Number one, we need a kind of an overlay of mass media. We need to basically get people to understand there's something here that you need to consider. And the second this is, we need exactly what you said before, which is face-to-face communication, direct interpersonal communication. And then the third thing we need is time. This is not going to happen instantly, as we both know. It's going to take time to get people enrolled, time for them to understand this, time for adult children to understand it and inform their parents. We can't expect overnight results.

McClellan:

That's a good reason to start early. In fact, for most people, they will not get specific information about the drug plans until October, and then the sign-up period runs from mid-November to next May, and so that means part of the effort that we can undertake now is to make sure people are aware about the basic facts.

Going into the fall, what do you think are some of the most important things for people to know right now about the coverage that's coming?

Novelli:

Well, I think they have to understand that there is this window, that this is not open-ended. So they need to essentially look at it.

McClellan:

So, it's insurance, just like life insurance or...


Novelli:

...Life insurance or fire insurance.

McClellan:

Medicare Part B or fire insurance. You pay more if you wait.



<p>Novelli: You pay more if you wait, but, I think it's important for them to understand that it's not just something that's open-ended. It's not there for three years from now, just in case they have higher drug costs. And so this urgency could actually help us. If we can communicate to people you know there are some good benefits here; you should look at it, but should look at it now. What we have to say to people is, this can help you, and it can help your spouse, and so think that's the message we need to work on, and over time, we're going to get it across.</p> <p>McClellan: Thank you very much for joining us, Bill.</p> <p>Novelli: Thanks.</p>	
<p>10. Stovall: We hope you will join us for our next issue in September, when we fill you in on how our partnerships are working and what you should do to compare the plans that are available in your area.</p> <p>And if you would like a second look at anything you saw today or you're interested in downloading a Medicare calendar or a transcript of our broadcast, please visit WWW.CMS.HHS.GOV/CABLE, or follow the "Medicare Covers America" link on Medicare.gov.</p> <p>Please check with your local cable company to get the date and time to watch us next in your area.</p> <p>Now, earlier, I mentioned that July marks the 40th anniversary of Medicare, and as we celebrate new benefits and new partners, it's important that we don't forget everyone who worked so hard to bring better health and better health care to three generations of seniors.</p> <p>While our credits are running, we will show you just a few of the Medicare moments that have made Medicare what it is today. Until next time, on behalf of all of us at your Centers for Medicare & Medicaid Services, I'm Stan Stovall. Thanks for watching.</p> <p>Ending: Music and closing credits.</p>	